

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED SEP 12 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27551

State File No.

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 3209

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Outpatient of K.C. General Hospital
(If not in hospital or institution, write street number of location)
(d) Length of stay: In hospital or institution. 1 (Specify whether
In this community 1 years, months or days)

3. (a) PRINT FULL NAME BONDI, SALVATORA

3. (b) If veteran, No name war No
3. (c) Social Security No.

4. Sex He 5. Color or race N
6. (a) Single, widowed, married, divorced married
(b) Name of husband or wife Natalie Bondi
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased Mar 19 1878 (Month) (Day) (Year)

8. AGE: Years 63 Months 5 Days 4
If less than one day hr. min.

9. Birthplace Termini Italy (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Sony Badale

13. Birthplace Termini Italy (City, town, or county) (State or foreign country)

14. Maiden name Badale

15. Birthplace Termini Italy (City, town, or county) (State or foreign country)

16. (a) Informant Mary Annarella

(b) Address 132 Olive

17. (a) Burial (Burial, cremation, or renoval) (b) Date thereof 9/26/41 (Month) (Day) (Year)

(c) Place: burial or cremation St Mary's

18. (a) Signature of funeral director St Mary's

(b) Address St Mary's

19. (a) 9/26/41 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street 132 Olive (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 23rd
year 1941 hour 6:00 P.M. minute 0 M.

21. I hereby certify that I attended the deceased from 2-21-41 to 6-23-41
that I last saw her alive on 4-5-41 and that death occurred on the date and hour stated above.
Immediate cause of death Hydronephrosis
remia

Due to Hydronephrosis

Due to Ureteral obstruction from a pelvic carcinoma of undetermined origin

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 55e

Of autopsy See above

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) Means of injury

23. Signature Dr. R. P. Shorn (M. D. or other)

Address Med. Dir. K.C. Gen. Hospital K.C. Mo. Date signed 9/26/41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. 3254

P. O. Address KCMO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.